

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket CE11195R/10-169

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## HANDOVER METHOD AND APPARATUS

THOU AND APPARATUS								
the specification of which is attached hereto unless the following box is checked:								
☐ was filed on			United State	es Application mended on	n Number	or PCT		
I hereby state that I including the claims, a	have reviewed	and understa	ب بید حالالم		identified spe	ecification,		
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.								
I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which								
Prior Foreign Application Number(s)	Cor	untry	Foreign Filing D	Priority N	lot Attac	ed Copy ched?		
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.								
	Application I	Number(s)	Filing Date (	MM/DDAGGG				
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s)								
the prior United States application in the mapper received the claims of this application is not disclosed in								
Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in								
Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
11.S. Parent Application or DOT								
Parent Number		(MM/DD/YYYY)		Parent Patent Number (if applicable)				
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

## **Customer Number 23400**

Direct all correspondence to: Customer Number 23400

Direct telephone calls to: (703) 707-9110

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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